

CENTRAL MIDWIVES BOARD

MIDWIVES ACT, 1951



HANDBOOK

Incorporating the Rules of the
Central Midwives Board

TWENTY-FIFTH EDITION

1962

Offices of the Board

**39 Harrington Gardens,
South Kensington,
London, S.W.7.**



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CENTRAL MIDWIVES BOARD

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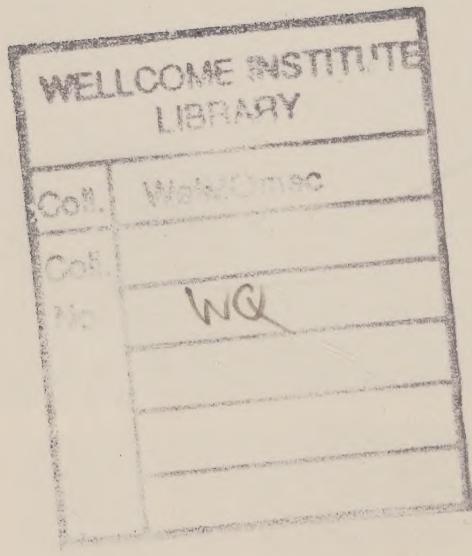
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Handbook Incorporating the Rules of the Central Midwives Board

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EDITION

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CENTRAL MIDWIVES BOARD

INTRODUCTION FOR MIDWIVES AND PUPIL-MIDWIVES TO THE RULES OF THE CENTRAL MIDWIVES BOARD AND NOTICES

1. In this introduction the Board hope that midwives and pupil-midwives will be assisted in finding those Sections of the Rules which most directly affect them either during the course of their training or when engaged in their professional duties. These Rules have been made over a period of years in accordance with the Midwives Act, 1951 (formerly the Midwives Acts, 1902 to 1950), and are designed to guide and help the midwife in her work. The Rules are divided into Sections; each Section relating to a particular aspect of the Board's work in carrying out their duties and exercising their powers under Acts of Parliament, which have been enacted from time to time for the benefit of the midwifery service of the country.

2. RULES OF MIDWIFERY PRACTICE.—It is Section E which most directly affects the midwife in her professional work as a domiciliary midwife, as a midwife on the staff of a maternity unit large or small, or as a midwife who may be working under the direct orders of a doctor. This Section is followed by a number of notices relating to the midwife's professional code of practice. A midwife is required to observe the Rules strictly and to maintain in her professional work the standard which is set in the notices. In this connexion a midwife should keep herself informed as to the developments of obstetric practice, particularly in relation to such matters as antenatal care, asepsis and antisepsis, the use of masks and gloves, ophthalmia

neonatorum and pemphigus neonatorum. Such information is available in text books and journals, to which midwives should be in the habit of referring.

3. THE RULES IN SECTION E are divided into three parts. The rules in Part I are applicable to all midwives; Part II contains the additional rules relating to midwives in domiciliary practice; and Part III contains the additional rules relating to midwives practising in an institution (including a nursing home) which does not have a resident medical officer.

4. The notices are supplementary to the Rules and are formulated for the guidance and protection of the midwife in carrying out the duties for which she is qualified and which she is legally entitled to undertake. They are intended to provide midwives with examples of the standard of practice which they are expected to attain. It must be fully understood that no attempt has been made at completeness in the examples which are referred to in the notices, and the Board are in no way precluded from considering or dealing under their disciplinary powers with any instance in which it is alleged that a midwife has been guilty of malpractice, negligence or misconduct, or of failure to maintain the accepted standards of professional practice, although such failure may not come within the scope or precise wording of any of the notices. The notices apply to all midwives covered by all Parts of the Rules.

5. Section F of the Rules refers to the circumstances in which a local supervising authority may suspend a midwife from practice for the purpose of preventing the spread of infection and for other reasons, and Section G sets out the Rules governing post-certificate courses which midwives are required to attend from time to time. Section H sets out the conditions under which the approved uniform and

badge may be worn. The specification for the uniform and badge is contained in the Schedule to Section H.

6. RULES RELATING TO COURSES OF TRAINING AND EXAMINATIONS.—The pupil-midwife will, of course, be taught in the course of her training about the Rules of the Board and the way in which they affect her work. During her training it will be Section B which will affect her most directly, for there she will find the Rules affecting her registration as a pupil, the length of the course, the details of the theoretical and practical syllabus, the procedure relating to entry to the Board's examinations and so on. It also contains information about approval by the Board of training schools, lecturers, teachers and teaching district midwives.

7. The midwife who is contemplating sitting the examination for the Diploma in the Teaching of Midwifery should turn to Section C of the Rules, where she will find details as to the preliminary qualifications necessary to enter for the examination, and the nature of the examination.

8. RULES RELATING TO THE BOARD'S PENAL POWERS.—The attention of midwives is drawn to Section D of the Rules. Here will be found details of the procedure which is followed in the event of a charge being made against a midwife of misconduct or of having disobeyed the Rules of the Board. It is the duty of the local supervising authority to investigate charges of malpractice, negligence or misconduct on the part of any midwife practising within their area, and should a *prima facie* case be established to report it to the Board. If the Board should find the charges proved, after full consideration of the case, in accordance with the procedure laid down in Section D of the Rules, they may impose certain penalties. These penalties may be either censure or caution or the Board may direct that the midwife's name be removed from the Roll of Midwives and her certificate cancelled, either with or without prohibiting her from attending women in childbirth in any other capacity.

Alternatively, the Board may suspend her from practice as a midwife for such period as they may think fit or may postpone sentence on such conditions as they may think fit.

9. The Board are also informed of the name of any midwife who is convicted in a court of law, and in these circumstances they would consider whether a charge should be made against such a midwife on the ground of misconduct. The High Court of Justice has held that "misconduct" referred to in the Midwives Act includes any conduct which unfits a woman whose name is on the Roll of Midwives from performing the duties of a midwife, and in considering such conduct the Board would consider and decide on all the facts which are brought before them.

10. CONDUCT OF BOARD BUSINESS.—The Rules governing the method by which the Board conduct their proceedings and the proceedings of their committees are to be found in Section A.

RULES OF THE CENTRAL MIDWIVES BOARD
 APPROVED BY THE MINISTER OF HEALTH
 (SEE STATUTORY INSTRUMENT 1955, NO. 120,
 STATUTORY INSTRUMENT 1959, NO. 162 AND
 STATUTORY INSTRUMENT 1960, NO. 1105,
 STATUTORY INSTRUMENT 1961, NO. 810,
 STATUTORY INSTRUMENT 1962, NO. 766)

GENERAL

1. These Rules may be cited as the Midwives Rules 1955 to 1962 and subject as hereinafter provided, shall come into operation on the 1st day of June, 1962.

2. (i) In these Rules, unless the context otherwise requires, the following expressions have the meanings hereby respectively assigned to them:—

“The Act” means the Midwives Act, 1951, and any statutory modification or amendment thereof in force from time to time and any statute or statutes substituted therefor, and references in these Rules to particular provisions of the Act shall be read as including references to those provisions as modified or amended from time to time and to any other statutory provisions substituted therefor.

“the Board” means the Central Midwives Board established by the Act.

“local supervising authority” has the same meaning as in the Act.

“the Roll” means the roll of certified midwives kept by the Board in pursuance of the Act.

“Midwife” means a woman whose name is on the Roll.

“Secretary” means the Secretary of the Board.

(ii) The Interpretation Act, 1889, applies to the interpretation of these Rules, as if these Rules were an Act of Parliament.

3. The Midwives Rules, 1949, are hereby revoked and Section 38 of the Interpretation Act, 1889, shall apply to this revocation as if such Rules were an Act of Parliament.

SECTION A

RULES REGULATING THE PROCEEDINGS OF THE BOARD

CHAIRMAN AND DEPUTY CHAIRMAN

1. A Chairman and Deputy Chairman shall be elected by ballot at the first ordinary meeting of the Board in the month of April in each year, and shall hold office until the first ordinary meeting in the month of April in the year following.

CASUAL VACANCIES

2. Should the office of Chairman or Deputy Chairman fall vacant during the year, it shall be filled by election at the next ordinary meeting of the Board, and the member so elected shall hold office for the remainder of the period for which his predecessor was elected.

MEETINGS

3. The Board shall meet in each month, unless otherwise decided at a previous meeting, on a day to be fixed to suit the convenience of the members of the Board, and at such other times as may be necessary. The Chairman or, if the Chairman shall be incapacitated or absent from the United Kingdom, the Deputy Chairman, may at any time convene a meeting of the Board, and the Secretary shall convene a meeting if required to do so by any three members of the Board by writing under their hands specifying the nature of the business to be discussed.

NOTICE

4. Not less than four days' notice of any meeting shall be given to each member of the Board directed to such address as he or she may from time to time furnish to the Secretary, and accompanied by an Agenda Paper for the meeting.

QUORUM

5. The quorum at a meeting of the Board shall be four members of the Board present in person.

ORDER OF BUSINESS

6. The order of business at a meeting of the Board shall be as follows :

- (1) Minutes of the last meeting.
- (2) Correspondence.
- (3) Reports of Committees.
- (4) Notices of Motion.
- (5) Business arising directly under the Act.
- (6) Statement of Accounts.
- (7) Bills and Claims.
- (8) Any other business.
- (9) Date of next meeting.

Provided that the Board may at any meeting vary the order of business on the ground of urgency or convenience.

ABSENCE OF CHAIRMAN AND DEPUTY CHAIRMAN

7. In the event of the Chairman and Deputy Chairman not being present at any meeting of the Board, the Board shall elect a presiding Chairman for that meeting.

AGENDA

8. No business which is not upon the Agenda Paper shall be discussed at any meeting of the Board (except routine business) unless the Chairman of the meeting shall declare such business to be of an urgent nature, and shall be supported by two-thirds of the members present and voting.

VOTING

9. Every question, the manner of voting on which is not otherwise specified in these rules, shall be decided on a show of hands by a majority of members present and voting, but any member may, except when the Board are sitting in Penal Meeting, call for a division, in which case the names

for and against shall be taken down in writing and entered on the Minutes. In the case of an equality of votes, the Chairman of the meeting shall have a second or casting vote.

MOTIONS

10. Every motion or amendment shall be moved and seconded, and shall (if the Chairman of the meeting shall so require) be reduced to writing and handed to him and read before it is further discussed or put to the meeting.

NOTICES OF MOTION

11. Every notice of motion shall be in writing, signed by the member giving the notice, and shall be given or sent to the Secretary, who shall insert in the Agenda Paper of the next ordinary meeting of the Board all notices of motion which he may have received, not less than one clear day prior to the day on which the Agenda Paper is sent out to members, in the order in which they have been received by him.

RESCINDING OF RESOLUTION

12. No resolution of the Board shall be altered or rescinded at a subsequent meeting except upon a notice of motion of which a copy has been sent out to members by the Secretary fourteen clear days before such meeting.

COMMITTEES

13. There shall be the following Committees of the Board:—

- (1) A Standing Committee consisting of the whole Board.
- (2) A Penal Cases Committee.
- (3) A Finance Committee.

The two latter Committees shall be appointed annually at the first ordinary meeting in the month of April, and shall hold office until their successors are appointed. Other Committees may be appointed for special purposes from time to time.

REPORTS

14. Every Committee appointed by the Board shall make a report of their proceedings to the Board, and the recommendations of every Committee shall, so far as practicable, be in the form of resolutions, to be considered by the Board; and the acts and proceedings of every Committee shall be submitted to the Board for approval, unless the resolution of the Board appointing the Committee shall otherwise direct in respect of all or any of the matters referred to it.

Every report from a Committee shall be submitted by the Chairman of the Committee (if present) who shall move that it be received by the Board, and on the motion being carried, the Chairman, or any other member of the Committee, may move to agree with the resolutions of the Committee, and such resolutions shall be considered seriatim. And the question that the report (if necessary, as amended) be now approved shall be put from the Chair, but no debate shall be allowed thereon.

BILLS AND CLAIMS

15. All bills and claims shall be examined by the Secretary, and laid by him before the Finance Committee, who shall report them to the Board.

CHEQUES

16. All cheques for the payment of money shall be signed by two members of the Board, and countersigned by the Secretary or by the Assistant Secretary in the absence of the former.

FINANCIAL STATEMENT

17. At every Monthly Meeting of the Board the Secretary shall present a statement in writing showing the receipts and expenditure of the Board for the current year up to the date of such Meeting, and showing the existing balance, if any, to the credit of the Board.

DECISION OF CHAIRMAN

18. The Chairman of the meeting shall decide upon any point of order or procedure, and his decision shall be final.

SECTION B

RULES REGULATING COURSES OF TRAINING,
THE CONDUCT OF EXAMINATIONS, THE
REMUNERATION OF EXAMINERS, THE
ISSUE OF CERTIFICATES, AND THE CONDI-
TIONS OF ADMISSION TO THE ROLL

GENERAL

1. In the Rules in Section B unless the context otherwise requires, the following expressions have the meanings hereby respectively assigned to them:—

“ approved training institution ” means an institution or organisation approved by the Board in accordance with the provisions hereinafter contained for the training of pupils, or for instruction in obstetric nursing, and in relation to either the first or second period of training means an institution approved in respect of that period;

“ instruction in obstetric nursing ” means instruction of student nurses in obstetric nursing in accordance with Rule B. 5 conducted in an approved training institution;

“ student nurse ” means a woman who is undergoing training for admission to the general part of the Register of the General Nursing Council for England and Wales;

“ pupil ” means a woman whose name is entered on the Register of Pupils in accordance with Rules B. 4 to B. 8 of these Rules;

“ lecturer ” means a person approved by the Board in accordance with the provisions hereinafter contained as a lecturer in subjects in which instruction is required by these Rules;

“ lying-in period ” means a period being not less than 10 days nor more than 28 days after the end of the labour during which the continued attendance of a midwife is requisite;

“teacher” means a person approved by the Board in accordance with the provisions hereinafter contained as responsible for the teaching of student nurses or pupils in an approved training institution;

“teaching district midwife” means a person approved by the Board in accordance with the provisions hereinafter contained for teaching pupils during that part of their training that takes place in the patients’ own homes;

“the prescribed form” means such form as may be prescribed by the Board from time to time.

2. (a) Notwithstanding anything hereinafter contained, the Board may refuse to register as a pupil, or to admit to examination or to the Roll, or to issue a certificate to, any woman whom they consider to be physically, mentally or morally unfit to be a midwife.

(b) In the event of a woman proposing to become a pupil, or being a pupil, presenting to the Board a birth, baptismal or other certificate required by these Rules which has been altered or falsified in any way, the Board shall be entitled to postpone her registration as a pupil or her admission to examination, or to refuse to register her as a pupil or to admit her to examination or to the Roll.

3. The Board may dispense with the requirements of the Rules of Section B in any case in which they think fit.

REGISTRATION OF PUPILS

4. A woman proposing to become a pupil shall apply through the approved training institution at which she proposes to take the first period of her training to the Board, on the prescribed form and in her own handwriting, to have her name entered upon a Register of Pupils to be maintained by the Board, and shall at the same time produce—

(a) (i) if her name appears on the general part of the Register of the General Nursing Council for England

and Wales, by virtue of having passed the examination of that Body and she has had at least three years' training which has included, during the latter half of such training, instruction in obstetric nursing, in accordance with Rule B. 5, evidence, satisfactory to the Board, that she has fulfilled the foregoing requirements.

- (ii) if her name appears on the general part of the Register of the General Nursing Council for England and Wales, the General Nursing Council for Scotland, the Joint Nursing and Midwives Council for Northern Ireland, or An Bord Altranais, Eire, or on the part thereof containing the names of nurses trained in the nursing of sick children, by virtue of having passed the Examination of one of those Bodies or some other Examination recognized by the General Nursing Council for England and Wales, and she has had at least three years' training or any equivalent therefor which may from time to time be recognized by the General Nursing Council for England and Wales, evidence, satisfactory to the Board, that she has fulfilled the foregoing requirements; or
- (iii) if her name appears on the part of the Register of the General Nursing Council for England and Wales, the General Nursing Council for Scotland, the Joint Nursing and Midwives Council for Northern Ireland, or An Bord Altranais, Eire, containing the names of nurses trained in the nursing and care of persons suffering from infectious diseases; or in the part thereof containing the names of nurses trained in the nursing and care of persons suffering from mental disorders; or in the separate section of the last-mentioned part thereof as trained in the nursing and training of the mentally subnormal, by virtue of having passed the Examination of one of those Bodies or some other Examination recognized by

the General Nursing Council for England and Wales, and she has had the required period of training which may from time to time be recognized by the General Nursing Council for England and Wales, evidence, satisfactory to the Board, that she has fulfilled these requirements; or

(iv) if her name for the time being is entered upon the Roll of Nurses formed and kept by the General Nursing Council for England and Wales, the General Nursing Council for Scotland, or the Joint Nursing and Midwives Council for Northern Ireland, by virtue of having passed the Examination of one of those Bodies, and she has had the required period of training which may from time to time be recognized by the General Nursing Council for England and Wales, evidence, satisfactory to the Board, that she has fulfilled these requirements; or

(v) if her name appears on the Register of the Chartered Society of Physiotherapy and she has passed the Final Examination for the Orthopaedic Nursing Certificate; or if she holds a certificate of the British Tuberculosis Association, having in these cases completed the recognized period of training, evidence, satisfactory to the Board, that she has fulfilled these requirements; or

(vi) in any other case, evidence, satisfactory to the Board, as to the general education which she has had;

(b) a certificate of birth or infant baptism, or such other evidence as to her age as is satisfactory to the Board; and

(c) two certificates of good moral character from persons of responsible position to the effect that they have known the applicant for a period of at least 12 months immediately prior to the date of her application, and

that they are satisfied that she is trustworthy, sober, and of good moral character.

5. Instruction in obstetric nursing shall extend over a period of not less than 12 consecutive weeks and shall include:—

(a) 10 lectures of which at least 2 shall be on the infant, covering the following subjects:—

- (i) the female reproductive organs and the breasts;
- (ii) the physiology and management of normal pregnancy;
- (iii) the physiology, mechanism and management of normal labour;
- (iv) the physiology and management of the puerperium;
- (v) an introduction to common complications which may arise in pregnancy, labour and the puerperium;
- (vi) the physiology and care of the normal infant, breast and artificial feeding;
- (vii) an introduction to common complications affecting the infant;
- (viii) an introduction to the care of the premature infant;

(b) taking and recording not less than 5 case histories and examining not less than 10 pregnant women; including urine analysis and estimation of the blood pressure;

(c) observing not less than 6 normal labours, including reception and admission treatment; care and comfort given during labour; the complete delivery and immediate care of mother and infant;

(d) observing the nursing care of not less than 10 mothers and infants for 10 days following delivery;

(e) when possible, making one or more visits with a domiciliary midwife and attending a local authority antenatal clinic.

6. A woman shall not be registered as a pupil if she is under the age of 20 years or, save at the discretion of the Board, if she is over the age of 50 years.

7. The names of all pupils who have been on the Register of Pupils for 5 years and have not been admitted to the Roll shall be erased therefrom. The Board may, however, restore to the Register, for such period as they think fit, any name so erased.

8. A report from the approved training institution shall be made to the Board within 4 calendar months from the beginning of a pupil's first period of training if the general education of the pupil is inadequate or she is otherwise unsuited to be a midwife. On consideration of such a report the Board may remove the name of the pupil from the Register of Pupils.

COURSE OF TRAINING

9. (a) The training of a pupil shall comprise theoretical, practical and clinical instruction and attendance on, and the nursing of, cases. Such training shall be at approved training institutions and under lecturers and teachers and shall be in two periods: (i) a first period, which the pupil shall complete before presenting herself for the First Examination, and (ii) a second period, which the pupil shall complete before presenting herself for the Second Examination.

(b) All practical instruction shall be carried out under the supervision of a teacher or a teaching district midwife.

10. A pupil must, except during such holidays as may be approved by the Board, devote the whole of both periods of her training to preparation for her examinations, and must not be engaged on any other work of whatsoever nature.

11. A pupil shall not begin her training until she has been notified by the Secretary that her name has been entered on the Register of Pupils, and immediately she begins the first period of training she shall forward to the Board a certificate signed by a teacher as to the date of the beginning of training.

12. The first period of training shall extend over 4 consecutive calendar months in the case of pupils to whom Rule B. 4 (a) (i) applies; over 6 consecutive calendar months in the case of pupils to whom Rule B. 4 (a) (ii) applies; over 12 consecutive calendar months in the case of pupils to whom Rules B. 4 (a) (iii), (iv) and (v) apply and over 18 consecutive calendar months in all other cases.

13. A pupil whose first period of training extends over 4 consecutive calendar months shall during such period—

(a) attend a course of 28 lectures of which at least 3 must be on the infant, and which must cover the following subjects:—

- (i) the midwife's part in health education and preparation for motherhood, including her understanding of the emotional needs of women during pregnancy, labour and the puerperium;
- (ii) revision of the anatomy and physiology of the reproductive organs and the breasts;
- (iii) revision of the physiology and management of normal pregnancy;
- (iv) revision of the physiology and management of normal labour;
- (v) revision of the physiology and management of the puerperium;
- (vi) the symptoms and signs suggesting departure from the normal in the puerperium;
- (vii) puerperal pyrexia;

- (viii) toxæmia, haemorrhage and other obstetric complications; their causes, prevention and treatment and the part played by the midwife in their management;
- (ix) the care of the breasts under normal and pathological conditions, the recognition of disturbances of their function;
- (x) the recognition and management of:—
 - (a) congenital abnormalities and of disorders occurring during the first month of life with special reference to those in which skilled medical or surgical treatment may be necessary;
 - (b) infections in the infant with special reference to the responsibilities of the midwife in connexion therewith;
 - (c) prematurity;
- (xi) resuscitation of the newborn;
- (xii) the use of special drugs in connexion with midwifery; their dosage and strength; mode of administration and their dangers and antidotes;
- (xiii) maternal mortality, neonatal mortality and still-births; the meaning of these terms and the steps taken to reduce such mortalities;
- (xiv) the venereal diseases in women and young infants; their symptoms, signs and dangers, and the risk of contagion; the midwife's responsibility for advocating early and continued treatment;
- (b) conduct antenatal examinations on not less than 40 pregnant women and receive instruction in the care and supervision of women during the course of pregnancy, including the booking of cases and the keeping of records;
- (c) receive clinical instruction in the conduct of labour, including the witnessing of not less than 5 labours;
- (d) attend not less than 10 labours within the approved training institution, making full examination during

the course of labour and personally delivering the mother of the infant and afterbirth;

(e) attend and nurse not less than 20 lying-in women and their infants during the time the patients are in the approved training institution.

14. (a) Subject to the provisions of this Rule and of Rule B. 13 a pupil shall during her first period of training—

(i) attend a course of at least 38 lectures (including at least 5 on the infant) on the subjects enumerated in Rule B. 38. The course of lectures shall be supplemented by practical demonstrations and tutorial classes;

(ii) conduct antenatal examinations on not less than 50 pregnant women and receive instruction in the care and supervision of women during the course of pregnancy, including the booking of cases and the keeping of records;

(iii) receive clinical instruction in the conduct of labour, including the witnessing of not less than 20 labours;

(iv) attend not less than 10 labours within the approved training institution, making full examination during the course of labour and personally delivering the mother of the infant and afterbirth;

(v) attend and nurse not less than 40 lying-in women and their infants during the time the patients are in the approved institution;

(b) in the case of a pupil to whom Rule B. 4 (a) (ii) applies for "20 labours" in paragraph (a) (iii) of this Rule and for "40 lying-in women" in paragraph (a) (v) of this Rule there shall be substituted respectively "10 labours" and "20 lying-in women".

(c) a pupil to whom Rule B. 4 (a) (vi) applies shall during a period of not less than 6 months immediately preceding the training referred to in paragraph (a) of this Rule—

(i) receive theoretical and practical instruction in the elementary principles of general nursing, the

use of nursing appliances and the methods of taking and recording the pulse-rate, the temperature and the respiration rate;

(ii) attend a course of theoretical and practical instruction in general anatomy, and in the physiology and hygiene of the mother and infant.

15. On beginning her second period of training a pupil shall forward to the Board a certificate, signed by a teacher giving the name of the approved training institution at which the training will be received and the date of the beginning of training.

A pupil may begin the second period of training after completing the first period and prior to passing the First Examination, but, if she is not successful at the First Examination on the second occasion on which she is entitled to enter for it, any part of the second period of training which she may have completed before passing the First Examination shall not be counted towards the period prescribed in Rule B. 17. Instruction received in the administration of analgesia may, however, be counted towards that prescribed in Rule B. 18 (b).

16. A pupil who does not begin the second period of training within 12 months of passing the First Examination may be required by the Board to receive such further instruction, prior to beginning the second period, as the Board may prescribe.

17. The second period of training shall extend over not less than 6 consecutive calendar months, not less than 3 months of which must be spent in domiciliary practice in all cases, and the pupil shall during such period—

(a) attend not less than 5 lectures delivered by one or more lecturers on the subjects enumerated in Rule B. 39 (c) to (g);

- (b) attend and take responsibility for the antenatal care of not less than 20 pregnant women, such responsibility including the booking of cases, the keeping of records and the reporting of cases;
- (c) attend and take responsibility for not less than 20 women during labour. Some of these cases may be taken at an approved training institution, but at least 10 must be attended in the patients' own homes;
- (d) attend and nurse not less than 20 lying-in women and their infants. At least 10 of these must be attended and nursed in the patients' own homes during the lying-in period. A case attended and nursed in the approved training institution must be attended and nursed during the time the patient remains in such institution;
- (e) attend at least 5 sessions at a Child Welfare Centre approved by the Board for the purpose, and receive, at the centre or elsewhere, practical instruction in the care and management of infants, with special reference to the first month of life;
- (f) attend clinical demonstrations on venereal diseases or lecture demonstrations on this subject which must be illustrated, including instruction in the facilities provided for treatment.

18. (a) During the second period of training the pupil must keep careful and detailed records, in such form as the Board may prescribe from time to time, of all work done and training received (including full notes on mother and infant). Such records shall be signed by a teacher as the Board may require.

(b) During either the first or second period of training a pupil-midwife shall receive theoretical and practical instruction in anaesthesia and analgesia in midwifery practice as follows—

- (i) 3 lecture demonstrations by a specialist anaesthetist;

(ii) the administration of an analgesic to at least 15 patients in labour by means of an apparatus or method approved by the Board under the general supervision of a specialist anaesthetist and under the detailed supervision of a midwife who is experienced in the use of the apparatus or method or of a resident medical officer who is similarly experienced.

It shall be the responsibility of the institution approved to provide the second period of training to ensure that a pupil-midwife has in fact received this instruction prior to entering for the Second Examination, and the certificates to this effect are submitted in accordance with Rule B. 34.

19. If in either the first or second period a pupil's training is interrupted for a period of more than three consecutive working days owing to her own illness or other emergency the Board, on application made by the pupil through a teacher, may allow, subject to such conditions as they think fit, the training taken prior to the interruption to be counted towards the prescribed period of training, provided that such period of absence is made up at the end of the period of training. Every application must be accompanied by a medical certificate or other evidence satisfactory to the Board according to the nature of the emergency. Any such interruptions of three consecutive working days or less which, when added together, amount to more than four days in any period of 6 months shall likewise be notified to the Board and made up at the end of the period of training.

In cases of interruption of training for reasons other than illness of the pupil, emergency or the holidays approved by the Board, the training received prior to such interruption cannot be counted.

APPROVAL OF TRAINING INSTITUTIONS

20. Applications for the approval of institutions for the training of student nurses in obstetric nursing and for the

training of pupils shall be submitted to the Board on the prescribed form.

21. An institution shall not be approved in respect of instruction in obstetric nursing unless that instruction is to be carried out under an approved teacher.

22. An institution shall not be approved in respect of the first period of training unless—

- (a) at least 500 confinements take place in it annually;
- (b) it has antenatal beds and associated with it an antenatal clinic and a postnatal department;
- (c) the medical staff includes a medical practitioner with special experience, satisfactory to the Board, in obstetric work, and a medical officer with special experience, satisfactory to the Board, in paediatric work; and
- (d) there is a resident medical officer (who may be one of such persons as are mentioned in paragraph (c) of this Rule) approved by the Board as of sufficient seniority and experience;

provided that the Board may approve an institution which does not satisfy the foregoing requirements if such action appears to the Board to be desirable in the interests of the training of pupils.

23. (a) An institution shall not be approved in respect of the second period of training unless the number of confinements dealt with annually in association with it for training purposes is at least 300, of which at least 100 are domiciliary cases; provided that the Board may approve an institution which does not satisfy these requirements if such action appears to the Board to be desirable in the interests of the training of pupils.

(b) An institution shall not be approved in respect of instruction in analgesia unless—

- (i) the institution is one training pupils or medical students or is providing post-certificate courses for midwives or holding postgraduate courses for medical practitioners, or is otherwise considered by the Board as suitable for approval;
- (ii) the institution has attached to it a specialist anaesthetist;
- (iii) the resident medical officer or the midwife who would undertake the detailed supervision of the practical work is experienced in the use of the apparatus or method on which the instruction at the institution will be based.

24. The Board in approving institutions shall take into consideration the number and the qualifications of the members of the permanent medical and midwifery staff, the equipment for teaching purposes, the facilities for study by the student nurses or pupils, and all other matters having relation thereto. The Board may cause the institution and the facilities for training therein to be inspected by a member or an officer of the Board or other competent person, whose report shall be considered when the question of approval is determined.

25. The Board may at any time terminate the approval of an institution and may limit the number of student nurses or pupils in training at any one time in an approved training institution.

APPROVAL OF LECTURERS AND TEACHERS

26. Applications for the approval of persons as lecturers, as teachers, and as teaching district midwives shall be submitted to the Board in the prescribed form.

27. The lectures on the subjects of Rules B. 5, B. 13 and B. 38 must be delivered by persons who have been approved for the purpose by the Board as having qualifications and experience, satisfactory to the Board, in the subjects upon which they will lecture.

28. The lectures on the subjects of Rule B. 39 (c) to (g) must be delivered by the medical officer of health of a local supervising authority or by a medical practitioner who is a member of the staff of such officer, or, by permission of the Board, by a medical practitioner who has had experience, satisfactory to the Board, in the subjects in question. Such persons shall be deemed to be persons approved by the Board as lecturers in the said subjects.

29. Unless the Board otherwise determine in any particular case, a person shall not be approved as a teacher unless she has practised as a midwife for at least three years and produces evidence, satisfactory to the Board, that she is competent to be responsible for the teaching of student nurses or pupils.

30. Unless the Board otherwise determine in any particular case, a person shall not be approved as a teaching district midwife unless she produces evidence, satisfactory to the Board, that she is competent to teach pupils.

31. The Board shall limit the number of pupils received at any one time by a teacher.

32. The Board reserve the right to review the approval of persons as lecturers, teachers, or teaching district midwives at any time.

CONDUCT OF EXAMINATIONS

33. A pupil shall present herself for the First Examination within 6 months of the date on which she completes her first period of training and shall present herself for the

Second Examination within 6 months of the date on which she completes her second period of training.

A pupil who does not sit for examination in accordance with this Rule may be required by the Board to undergo such further training as the Board may prescribe before presenting herself for examination. The Board may waive the observance of this Rule in cases of illness of a pupil or other emergency.

34. A pupil shall not be entitled to be admitted to an examination unless her name is on the Register of Pupils and she produces certificates to the effect that she has undergone the training prescribed in these Rules. Such certificates must be in the prescribed form and must be signed by the lecturers and the teacher and, in the case of second period training, by the teaching district midwife from whom the pupil has received her practical teaching.

35. A pupil who intends to present herself for either examination must send notice of such intention and such fee as may be determined by the Board with the approval of the Minister of Health to the Secretary at least 6 weeks before the date fixed for the commencement of the examination. The certificates of training required by Rule B. 34 shall be sent to the Secretary at the same time or at any subsequent date, not being less than 7 days before the date fixed for the commencement of the examination. Until such certificates have been received and accepted by the Secretary a pupil shall not be deemed to have entered for the examination.

36. If a pupil who has paid the fee for entry to an examination is prevented by illness from completing her entry, or attending at or completing her examination, and she produces a medical certificate or other evidence of illness satisfactory to the Board, the fee payable by her for admission to one subsequent examination shall, if the Board so determine, be half the appropriate fee.

37. The Secretary shall send to each pupil accepted for the First Examination, at the address furnished by her for the purpose, a card of admission to the written part of the examination, and shall personally or by deputy hand to each pupil attending the written part of the examination a card of admission to the oral part of the examination. The Secretary shall send to each pupil accepted for the Second Examination, at the address furnished by her for the purpose, a card of admission to that examination.

Any pupil presenting herself at either part of the First Examination, or at the Second Examination, without her card of admission will be liable to exclusion.

38. The First Examination shall be partly written and partly oral, and shall comprise the following subjects:—

- (a) general physiology; the principles of hygiene and sanitation as regards home, diet and person; the midwife's part in health education and preparation for motherhood, including her understanding of the emotional needs of women during pregnancy, labour and the puerperium;
- (b) infection; its causes and the means taken to prevent it; asepsis; the preparation and use of antiseptics in midwifery; the disinfection of the person, clothing and appliances; the use of rubber gloves and masks;
- (c) the anatomy and physiology of the female pelvis and its organs, and of the breasts;
- (d) the physiology, diagnosis and management of normal pregnancy; the hygiene and care of the pregnant woman and the unborn infant; examination of the urine and estimation of blood-pressure;
- (e) the symptoms and signs suggesting departure from the normal in pregnancy;

- (f) the physiology, mechanism and management of normal labour;
- (g) the symptoms and signs suggesting departure from the normal in labour;
- (h) the physiology and management of the puerperium, including the taking and recording of the pulse-rate, the temperature and respiration-rate; the use of nursing appliances;
- (i) the symptoms and signs suggesting departure from the normal in the puerperium;
- (j) puerperal pyrexia, including puerperal sepsis; causes, prevention, symptoms and signs;
- (k) toxæmia, haemorrhage and other obstetric complications; their causes, prevention and treatment and the part played by the midwife in their management;
- (l) the care of the breasts under both normal and pathological conditions; the recognition of disturbance of their function;
- (m) the physiology and care of the infant, including the establishment and maintenance of breast feeding and, when necessary, artificial feeding, with special reference to the first month of life, and the management of the prematurely born infant;
- (n) resuscitation of the newborn infant when required and the recognition of congenital abnormalities and of disorders occurring during the first month of life, with special reference to those in which skilled medical or surgical treatment may be necessary;
- (o) ophthalmia neonatorum and other infections in the infant, with special reference to the responsibilities of the midwife in connexion therewith;

- (p) the venereal diseases in women and young infants; their symptoms, signs and dangers, and the risk of contagion; the midwife's responsibility for advocating early and continued treatment;
- (q) the use of such drugs and solutions as may be required in practice; the conditions which call for their use; their dosage and strength; the mode of administration or application and their dangers;
- (r) maternal mortality, neonatal mortality and stillbirths; the meaning of these terms and the steps taken to reduce such mortalities.

39. The Second Examination shall be oral, clinical and practical. A candidate may be required to answer questions on the following subjects:—

- (a) practical midwifery;
- (b) analgesia in childbirth;
- (c) the records kept by her in compliance with Rule B. 18;
- (d) social legislation, national insurance and social conditions;
- (e) public health and preventive aspects of antenatal care;
- (f) mothercraft, infant care and the principles of nutrition; including the methods of teaching these subjects;
- (g) the duties of the midwife as described in the rules and notices of the Board, and her relationship with the local health authorities and other authorities and organizations by whom she may be employed or with whom she may come into contact.

40. A candidate detected copying from another candidate's paper or from a book or other document may be

required to leave the examination room by the person in charge of the examination. Such candidate will not be allowed to complete the examination and will be liable to exclusion from all future examinations.

41. A pupil who has failed either examination of the Board and has not succeeded in passing the examination immediately following the one at which she has failed may be called upon to undergo such further training as the Board may prescribe before again presenting herself for examination.

SCALE OF REMUNERATION OF EXAMINERS

42. The scale of remuneration of the examiners shall be such as may from time to time be recommended by the Board and approved by the Minister of Health.

ISSUE OF CERTIFICATES: ADMISSION TO ROLL

43. The name of a candidate successful at the First Examination shall be entered on the record maintained by the Board of all pupils who have passed that examination. A Certificate, to be known as the First Certificate, in the form set out in the Schedule to Section B shall be awarded to each candidate successful at the First Examination whose first period of training has extended over 4 or 6 consecutive calendar months in accordance with the terms of Rule B. 12. The entry of a pupil's name on such record or the award of such First Certificate shall not entitle a pupil to admission to the Roll or authorize her to hold herself out to be certified under the Act.

44. A Certificate, in the form set out in the Schedule to Section B, shall be awarded to each candidate successful at the Second Examination, and every such candidate shall be admitted to the Roll.

45. The names of all women admitted to the Roll shall appear on the Roll (or, if the Roll be divided into two parts, on the appropriate part thereof) in alphabetical order.

46. Any person whose name appears on the Roll of Midwives kept by the Central Midwives Board for Scotland, or by the Joint Nursing and Midwives Council, Northern Ireland, shall, on making application on a form supplied by the Board for the purpose, and paying such fee as may be determined by the Board with the approval of the Minister of Health and producing a certificate by the Board or Council to whose Roll she has been admitted, to the effect that her name appears on such Roll, be entitled to be admitted to the Roll.

SCHEDULE TO SECTION B
CERTIFICATES AWARDED BY THE BOARD

THE FIRST CERTIFICATE
(See Rule B. 43)

CENTRAL MIDWIVES BOARD

Date

We hereby certify that..... has completed the first period of training prescribed for pupil-midwives and has passed the First Examination of the Central Midwives Board.

..... Chairman.

..... Secretary.

NOTE:—This Certificate does not entitle the pupil whose name is inscribed hereon to admission to the Roll of Midwives or authorize her to hold herself out as certified under the Midwives Act, 1951.

CERTIFICATE OF ENROLMENT AS A MIDWIFE
(See Rule B. 44)

CENTRAL MIDWIVES BOARD

No. Date

We hereby certify that..... having passed the First and Second Examinations of the Central Midwives Board, and having otherwise complied with the rules made in pursuance of the Midwives Act, 1951, is entitled by law to practise as a Midwife in accordance with the provisions of the said Act and subject to the said rules.

..... Chairman.

..... Secretary.

SECTION C

**RULES REGULATING THE GRANT BY THE BOARD
OF DIPLOMAS IN THE TEACHING OF MID-
WIFERY FOR MIDWIVES PRESENTING THEM-
SELVES FOR EXAMINATION FOR SUCH
DIPLOMAS**

1. A diploma to be known as the Midwife Teachers Diploma shall be awarded by the Board to any midwife who has been successful at the Midwife Teachers Diploma Examination, referred to hereinafter as the examination.*

2. A candidate for the examination must satisfy the following requirements:—

- (a) that she is a midwife certified under the Act;
- (b) that she has been actively engaged in the practice of midwifery to the satisfaction of the Board for at least one year before commencing an approved course of instruction for the examination;
- (c) that within the period of 2 years immediately prior to the date of Part I of the examination at which she presents herself she has undertaken a course of instruction approved by the Board, in the subjects included in the syllabus of the examination: provided that—
 - (i) the Board may exempt a candidate from this requirement on the grounds that no institution conducting an approved course of instruction in preparation for the examination is reasonably accessible to her;

* **IMPORTANT NOTE.**—*A holder of the Midwife Teachers Diploma is not entitled to call herself an approved teacher of pupil-midwives. The approval of teachers is regulated by the relevant rules in Section B of the Board's Rules. The possession of the Diploma is regarded, however, as a most desirable qualification for such teachers.*

(ii) a candidate who within the period of 3 years immediately prior to the examination at which she presents herself has attended a course of lectures in Public Health and Hygiene in preparation for the examination for the Health Visitors Certificate may be excused, at the discretion of the Board, from undertaking that part of the course of instruction which consists of lectures on Public Health and Social Service.*

(d) prior to the date of Part I of the examination for which she presents herself she has completed a course of instruction approved by the Board in the administration of analgesia.

3. The examination shall be held in two Parts at such times and at such places as the Board may determine, and shall cover the subjects of anatomy and physiology, midwifery, the care of the newborn infant and public health and social services. Part I of the examination shall be partly written and partly oral; Part II of the examination shall be oral and practical and shall include the conduct of a clinical demonstration and of a tutorial class for pupil-midwives. At each part of the examination candidates shall be examined with a view to testing their knowledge of midwifery and their ability to teach pupil-midwives.

4. (i) Application for admission to each part of the examination shall be made on the forms prescribed by the Board. The completed forms, together with the fee for examination, must be received by the Secretary in the case of an entry to Part I of the

* NOTE.—*Information as to the institutions which conduct approved courses of instruction may be obtained from the Secretary. An intending candidate is advised to ascertain from the Board if her experience would be recognized for the purpose of the examination before she attends a course of instruction.*

examination at least 21 days before the beginning of that part of the examination, and in the case of an entry to Part II of the examination, at least 14 days before the beginning of that part of the examination. A candidate must send with the form of application for admission to Part I of the examination the names of two referees who can give the Board such information as they may desire as to the candidate's experience in midwifery and in the teaching of pupil-midwives and as to her general fitness for the examination. Until the Board have received such information from the referees they shall not be under any obligation to admit the candidate to the examination.

(ii) A candidate shall not be admitted to Part II of the examination until she has satisfied the examiners at Part I of the examination.

5. The fee for examination shall be such as shall be prescribed from time to time by the Board with the approval of the Minister of Health.

6. If a candidate who has been accepted for admission to either part of the examination is prevented by her own illness or other emergency from attending at or completing her examination she may be permitted to re-enter for the same part of the examination on one occasion only without payment of any further fee.

7. (i) An unsuccessful candidate at either part of the examination may, at the discretion of the examiners, be required to attend a course of instruction approved by the Board, or to obtain further experience, before presenting herself again for examination.

(ii) If a candidate fails on 3 occasions at either part of the examination she may, at the discretion of the

Board, be refused admission to such part at any future examination.

8. A successful candidate shall not be entitled to receive the Midwife Teachers Diploma until she has been certified as a midwife for a period of three years, and has either spent two of these years in an approved training institution or has obtained other teaching experience approved by the Board for the purpose of this rule.

9. The examiners may award a mark of distinction to any candidate who has shown exceptional merit in both parts of the examination.

10. The Board may dispense with the requirements of the foregoing rules in any case in which they think fit.

11. The scale of remuneration of the examiners shall be such as may from time to time be determined by the Board and approved by the Minister of Health.

SECTION D

RULES REGULATING THE PROCEEDINGS OF THE BOARD ON COMPLAINTS MADE TO THE BOARD RELATING TO THE CONDUCT OF A MIDWIFE AND ON THE RESTORATION TO THE ROLL OF A NAME REMOVED

PROCEDURE ON COMPLAINTS MADE TO THE BOARD RELATING TO THE CONDUCT OF A MIDWIFE

1. When it is alleged to the Board that a midwife has disobeyed any of the Rules from time to time laid down under the Act by the Board or has otherwise been guilty of misconduct:—

- (a) the Board shall, when such allegation is made by a person other than a local supervising authority, notify any local supervising authority who appear to be concerned; and
- (b) if the case is one in which investigation by a local supervising authority is required the Board shall request the local supervising authority to investigate the case and to report whether in their opinion a *prima facie* case of disobedience or misconduct has been made out;
- (c) the Secretary shall lay every such allegation before the Penal Cases Committee (hereinafter called "the Committee") for consideration, as required by Rule D. 2.

Such alleged disobedience or misconduct is hereinafter referred to as "the alleged offence".

2. (a) The Secretary shall so soon as reasonably practicable lay before the Committee all information in his possession relating to the alleged offence including any report of the local supervising authority which he may have received.

(b) The Committee may, if they think fit, direct investigations to be made by the Secretary or a Solicitor or any other person, and may inquire of the midwife what explanation she has to offer. The results of any such investigation or inquiry shall (unless the Committee is of opinion that there is good reason for not so doing) be communicated to any local supervising authority concerned.

(c) After consideration of the information before them, including the results of any investigation or inquiry directed by them, the Committee shall report to the Board whether the case is one in which proceedings ought to be commenced for the removal of the name of the midwife from the Roll.

(d) In making such report the Committee may take into consideration matter which would not be admissible as evidence at the hearing before the Board, but may, if they think fit, decline to take into consideration matter not verified by statutory declaration.

(e) If the Committee report that proceedings ought not to be commenced the case shall not proceed further unless the Board otherwise direct. Before so reporting the Committee shall give to any local supervising authority concerned the opportunity of submitting further observations thereon.

(f) When it has been decided that proceedings shall not be commenced the Board shall notify the fact to the midwife and any local supervising authority concerned and may notify any other person who has complained.

3. (a) If the Committee report, or the Board direct, that proceedings should be commenced the Secretary shall, in a case in which the alleged offence has been brought to the notice of the Board by a local supervising authority or in which a local supervising authority have, at the request of the Secretary or the Committee, made a report, and in any other case in which the Committee so direct, forthwith send to the local supervising authority a notice asking

whether the local supervising authority desire to undertake the conduct of the case.*

(b) If within 7 days after receipt of such notice or such further time as the Committee may allow the local supervising authority give notice that they desire so to do they shall undertake the conduct of the case.

(c) In any other case the conduct of the case shall be undertaken by the Secretary or such other person as the Committee may direct.

(d) Provided always that if a local supervising authority having given notice of their wish to undertake the conduct of the case shall subsequently at any stage in the proceedings decline to continue the conduct of the case the Committee may themselves direct the Secretary or such other person as the Committee may appoint to conduct the case and in that event the conduct of the case shall be continued by the Secretary or other person appointed as though the local supervising authority had not originally undertaken the conduct thereof.

(e) The Authority or person for the time being undertaking the conduct of the case is hereinafter referred to as the Complainant.

4. (a) A local supervising authority, if they are the Complainant, shall forthwith furnish the Board with a statement specifying the nature and particulars of the alleged offence, hereinafter called the charge, and shall send to the Board copies of any statutory declaration, any certificate of conviction, and any other documentary evidence intended to be used as evidence against the midwife.

* NOTE.—The Board have no power to pay the expenses of local supervising authorities incurred by them in undertaking the conduct of cases. If local supervising authorities undertake the conduct of cases they must do so at their own expense.

(b) The charge shall be prepared in a form suitable to be sent to the midwife and, so far as possible, in accordance with the directions and in the form contained in the Schedule to Section D.

5. (a) So soon as practicable the Board shall send to the midwife a notice which shall contain the following particulars:—

- (i) It shall state the date (which shall be not less than 21 days from the date of despatch of the said notice) on which the Board intend to hear the case and require her to attend before the Board on such date.
- (ii) It shall require her to forward to the Secretary not less than 10 days before the day appointed for hearing the case her Certificate and such other documents kept or used by her in the course of her duties as may be specified in the notice.
- (iii) It shall require her to send to the Secretary not less than 10 days before the day appointed for hearing the case an answer in writing to the charge brought against her, together with a copy of any statutory declaration or other documentary evidence which she intends to use in support of her answer.

(b) A copy of the Rules of Section D shall be enclosed with the notice, which shall call specific attention to Rule D. 9 (b) and Rule D. 10 (e).

(c) There shall also be enclosed with the said notice a copy of the charge furnished by the local supervising authority under the last preceding Rule or in a case where the local supervising authority are not the Complainant a like charge prepared by the Secretary.

(d) There shall also be enclosed with the said notice copies of any statutory declaration, certificate of conviction or documentary evidence intended to be used against her.

6. The Secretary shall immediately upon receipt of the midwife's answer to the charge inform the Complainant, if a local supervising authority, of the substance of the answer to the charge furnished by the midwife, and shall supply the Complainant with copies of any statutory declaration or other documentary evidence upon which the midwife intends to rely.

7. Where such answer makes a charge against any local supervising authority, the local supervising authority charged, if not the Complainant, shall be informed of the nature of the charge made against them and be given the name of the Complainant.

8. The case shall be heard at a Special Meeting of the Board of which at least 4 days' notice shall be sent by the Secretary to every member of the Board and to the local supervising authority.

9. (a) The Complainant, if a local supervising authority, shall be represented at the hearing by a barrister or solicitor, not being the medical officer of health or an assistant medical officer of health of the Complainant.

(b) The midwife may be represented or assisted at the hearing by a friend or adviser who may be a barrister or solicitor. Provided that the Board may decline to allow her to be so represented unless she has given 4 days' notice of her intention to be so represented.

10. The procedure at the hearing of the case shall be as follows:—

(a) The Complainant or his representative may shortly state to the Board the facts of the case and the charge alleged against the midwife and shall then submit to the Board the evidence which is offered in support of the charge.

(b) The midwife or her friend or adviser shall be entitled to cross-examine any witness called against her, which

expression includes any person whose statutory declaration is used as evidence against her and who is present at the hearing. Any person who is cross-examined may be re-examined by the Complainant or his representative.

(c) The midwife or her friend or adviser shall then be invited by the Chairman to tender evidence in answer to the charge and to address the Board.

(d) The Complainant or his representative shall be entitled to cross-examine any witness called for the midwife, which expression includes the midwife (if she give evidence) and any person whose statutory declaration is used as evidence by the midwife and who is present at the hearing. Any person who is cross-examined may be re-examined by the midwife or her friend or adviser.

(e) All evidence, whether for the Complainant or the midwife, shall be given orally or by a statutory declaration, but no statutory declaration shall be admissible in evidence, unless the declarant is present at the hearing and available for cross-examination, if the party against whom such statutory declaration is sought to be used shall have given to the party seeking to rely upon such statutory declaration, and to the Secretary, not less than 4 days before the day appointed for hearing the case, notice in writing of the desire of the party giving such notice to cross-examine the declarant.

(f) The Board, the Complainant or the midwife may, as part of the case, refer to any relevant matter contained in the midwife's register of cases or any other record kept by the midwife in the course of her duties.

(g) The Complainant and the midwife shall, subject to legal objection, produce before the Board all documents within their possession or power respectively which may be required or called for and do all other things which during the proceedings on the charge the Board may require.

(h) The witnesses called for or against the midwife shall, if the Board think fit, be examined on oath or affirmation.

(i) The Board shall have power to administer oaths to or take the affirmation of the witnesses called for or against the midwife.

(j) The Complainant or the midwife may sue out a writ of subpoena ad testificandum or of subpoena duces tecum but no person shall be compelled under any such writ to produce any document which he could not be compelled to produce on the trial of an action.

(k) The Board may adjourn the hearing of the case from time to time as it may think fit, but at any adjournment (without prejudice to the power of the Board then to adjourn the hearing of the case further) the hearing of the case shall not (without the consent of the parties) proceed unless there are at least four members of the Board present who were present at the original hearing and no member of the Board who was not present at the original hearing shall (without the consent of the parties) take part in any adjourned hearing of the case.

11. If the midwife does not attend either personally or by a friend or adviser the Board may proceed to hear and decide upon the charge in her absence provided that upon a satisfactory explanation of her non-attendance being subsequently given the Board may, if they think fit, reopen her case.

12. (a) If and when the Board have found the charge against the midwife to be proved either in whole or in part the Board may, if they think fit,

(i) require the Secretary to report whether the midwife has previously been censured, cautioned, suspended, or had her name removed from the Roll or has been otherwise dealt with by the Board;

(ii) require any local supervising authority who may be in a position to provide information to report upon the conduct of the midwife prior to the date of conviction by the Board.

The midwife, if present, or, if he be present, her friend or adviser, shall be entitled to submit her observations thereon before the decision of the Board is announced.

(b) If the Board find the charge against the midwife to be proved either in whole or in part they may either censure or caution the midwife or direct that her name be removed from the Roll and cancel her Certificate, either with or without prohibiting her from attending women in childbirth in any other capacity, or may suspend her from practice as a midwife for such period as they think fit, or may postpone sentence on such conditions as they may think fit. The determination of the Board as to any of these matters may be made either at the time when a charge is proved or at any time thereafter.

13. If a Complainant fails to comply with any of the Rules or fails in the opinion of the Board to conduct the case with due diligence the Board may direct that the same shall be conducted by the Secretary or such other person as the Board may direct, or, if they think fit, summarily dismiss the charge.

14. Notice in writing of the removal of the name from the Roll and of the cancelling of the Certificate shall be sent by the Board by post in a recorded delivery letter to the midwife and to all local supervising authorities concerned.

15. Any notice or document required by these Rules to be sent to the midwife shall be sent by post in a recorded delivery letter to the last known address or to the enrolled address of the midwife.

16. The Board may excuse non-compliance with any of these Rules in any case in which injustice will not be caused

by so doing, and shall do so when the interests of justice so require.

17. Subject to the provisions of these Rules the Board may adjourn and otherwise regulate their proceedings in such manner as they think proper.

PROCEDURE ON RESTORATION TO THE ROLL OF A NAME REMOVED UNDER THE FOREGOING PROVISIONS

18. Application for the restoration of a name to the Roll shall be made in writing addressed to the Secretary and signed by the Applicant, stating the grounds on which application is made. The Applicant may annex to her application any evidence in her possession which she may consider would assist her application.

19. The application will be considered in the first instance by the Committee, who shall, when such evidence has been obtained concerning the application as the Committee may deem necessary, refer it to the Board for decision.

20. When considering any application the Committee may require the Applicant to furnish statements or reports from Local Supervising Authorities or others which may assist the Committee or the Board in deciding upon the application, and may require any such reports or statements to be verified by Statutory Declaration. The Committee may require further evidence from the midwife from time to time and shall not be bound to refer the application to the Board unless and until it is satisfied that all relevant evidence which can reasonably be required and which should be considered by the Board has been obtained.

21. After consideration of all the circumstances of the case as submitted to them in accordance with the provisions of these Rules the Board may if they think fit direct the Secretary to restore the name of the Applicant to the Roll and to issue a new Certificate to her on payment of such

fee as may from time to time be determined by the Board with the approval of the Minister of Health. The Board may adjourn the application or require further supporting evidence or explanations from the Applicant. They may also require her to undergo a period of approved midwifery training before the restoration of her name to the Roll.

22. A copy of Section D of these Rules shall be supplied by the Secretary to intending applicants for restoration on demand and free of charge.

SCHEDULE TO SECTION D

Directions as to the Statement to be furnished under Rule D. 4

1. The statement should specify whether the alleged offence charged is disobedience to a Rule of the Central Midwives Board or is other misconduct, and in the case of disobedience to a Rule the particular Rule alleged to have been disobeyed should be referred to.
2. Full particulars should be given of
 - (a) the nature of the alleged offence charged;
 - (b) the relevant dates;
 - (c) the name and address of patient concerned, if any;
 - (d) any other relevant matter.
3. The statement should be as nearly as possible in the following form:—

IN THE MATTER of the Midwives Act, 1951.

and

IN THE MATTER of A B

State Certified Midwife, No.

The following charge is made by the

County }
County Borough } Council of
being the Local Supervising Authority for the district
of (OR by the Secretary of the Central

Midwives Board) against you A..... B.....,
State Certified Midwife, No..... viz.

(Here insert charge. Separate charges should be set out under separate counts.)

Signed :

Clerk of the {County
County Borough} Council of.....

(OR Secretary of the Central Midwives Board.)

SECTION E

RULES REGULATING, SUPERVISING, AND RESTRICTING WITHIN DUE LIMITS THE PRACTICE OF MIDWIVES.

PART I. RULES APPLICABLE TO ALL MIDWIVES

DESIGNATION

1. The proper designation of a midwife is "State Certified Midwife" thus, e.g.,

Mary Smith,
State Certified Midwife.

The letters S.C.M. may be used in place of the above description, but the use of any other initial letters indicating that a midwife is certified under the Act, is not permitted. Provided that:—

- (i) a midwife who has been successful at the examination for the Diploma in the teaching of midwifery may add the letters M.T.D. after the letters S.C.M.;
- (ii) a midwife to whom the description is appropriate may add the words "Municipal Midwife" or "County Midwife" after the words "State Certified Midwife" or the initial letters "S.C.M." or "M.T.D." as the case may be.

CHANGE OF NAME OR ADDRESS

2. A midwife must notify:—

- (a) any change of name to the Board, and if she has given notice of intention to practise during the year, to every local supervising authority* to

* NOTE.—*The local supervising authority is the local health authority, i.e. the county or county borough council.*

which such notice has been given, and furnish the Board with such evidence verifying the change as in any particular case the Board may require;

(b) any change of address to the Board, and, if she has given notice of intention to practise during the year, within 7 days of such change, to every local supervising authority* to which such notice has been given.**

3. In Section E of the Rules, unless the context otherwise requires, the following expressions have the meanings hereby respectively assigned to them:—

“practising midwife” means a midwife who holds herself out to attend professionally either as a midwife or as a nurse upon a woman during pregnancy, labour or the lying-in period, or who so attends;

“lying-in period” means a period being not less than 10 days nor more than 28 days after the end of the labour during which the continued attendance of a midwife is requisite;

“domiciliary practice” means professional attendance on a woman in her own home, or in any place other than in a hospital or in an institution covered by Part III of these Rules;

“Schedule” means the Schedule to Section E.

NOTIFICATION OF INTENTION TO PRACTISE AS A MIDWIFE

4. Whenever a midwife intends to practise she shall send to the local supervising authority the form prescribed in Form (a) of the Schedule duly completed and signed by her, and shall give a like notice in the month of January in

* NOTE.—*The local supervising authority is the local health authority, i.e. the county or county borough council.*

** NOTE.—*See Notice No. 10 at the end of this Section of the Rules.*

every year thereafter during which she continues to practise in that area.*

TREATMENT OUTSIDE A MIDWIFE'S PROVINCE

5. (a) A practising midwife must not, except in an emergency, undertake any treatment which is outside her normal province. The question whether in any particular case such treatment was justified will be judged on the facts and circumstances of the case.

(b) A practising midwife must not on her own responsibility use any drug, including an analgesic, unless in the course of her training, whether before or after enrolment, she has been thoroughly instructed in its use and is familiar with its dosage and methods of administration or application.

(c) A practising midwife must not, except on the instructions and in the presence of a registered medical practitioner, administer an inhalational analgesic otherwise than by means of an apparatus which is of a type approved by the Board for use by midwives, and, where the Board so directs in relation to particular types of apparatus, has been inspected and approved by or on behalf of the Board, within such a period before the date of administration as the Board shall from time to time determine, as fit for use by midwives.

(d) A practising midwife must not, except on the instructions and in the presence of a registered medical practitioner, administer an inhalational analgesic by means of an apparatus which is required by this rule to have been inspected and approved within a specified period before the date of use unless there is in the possession of the body or person by whom the apparatus is held a certificate signed on behalf of the Board, certifying that the apparatus was inspected and approved by or on behalf of the Board on a date falling within the appropriate period, as fit for use by midwives.

* NOTE.—*With regard to the giving of notice of intention to practise, see Section 15 of the Midwives Act, 1951, and Notice No. 10 at the end of this Section of the Rules.*

(e) A practising midwife must not, except on the instructions and in the presence of a registered medical practitioner, administer an inhalational analgesic unless—

- (i) she has, either before or after enrolment received at an institution approved by the Board for the purpose, special instruction in the essentials of obstetric analgesia and has satisfied the institution or the Board that she is thoroughly proficient in the use of the apparatus; and
- (ii) the patient has at some time during the pregnancy been examined by a registered medical practitioner who has signed a certificate that he finds no contraindication to the administration of the analgesic by a midwife and, if any illness which required medical attention subsequently developed during pregnancy, the midwife obtained confirmation from a medical practitioner that the certificate remained valid; and
- (iii) one other person, being any person acceptable to the patient, who in the opinion of the midwife is suitable for the purpose, is present at the time of the administration in addition to the midwife.

(f) Unless special exemption is given by the Board to enable particular institutions to investigate new methods, a midwife must not administer any anaesthetic otherwise than on the instructions and in the presence of a registered medical practitioner.

6. When a practising midwife administers or applies in any way any drug, other than an aperient, she must forthwith make a proper record in her personal register of cases or in any other record or register which incorporates the requirements prescribed in the approved form, of the name and dose of the drug, and the date and time of its administration or application.

*PART II. RULES RELATING TO MIDWIVES IN
DOMICILIARY PRACTICE*

7. This part of Section E of the Rules relates to midwives in domiciliary practice.

INSTRUCTIONS OF MEDICAL PRACTITIONER RESPONSIBLE FOR THE CASE

8. If a midwife is acting in a case in which a registered medical practitioner is also engaged she must carry out such instructions concerning the care of the patient and the infant as may be given to her by the practitioner subject to compliance with the rules of the Board.

REGISTER OF CASES

9. A practising midwife must enter in a personal register of cases kept in a form approved by the Board, particulars of every case at which she is in professional attendance, including particulars of drugs required by Rule E. 6.

RECORDS OF PREGNANCY, LABOUR AND LYING-IN PERIOD

10. A practising midwife must keep records of her observations and treatment of her patient during pregnancy, labour and the lying-in period, and of the infant, using for such purpose either the form prescribed by the Board from time to time, or a form in which such prescribed form is incorporated without amendment.

PRESERVATION OF RECORDS

11. A midwife must not destroy, or arrange for the destruction of, official records made whilst she is in professional attendance on a case and required to be kept by these Rules. If she finds it impossible or inconvenient to preserve them she must transfer them to the local supervising authority.

FACILITIES FOR INSPECTION

12. A practising midwife must give to the medical officer of health of the local supervising authority or any registered

medical practitioner on the staff of such authority or any supervisor of midwives of the local supervising authority to which such midwife is required to send a notice in accordance with Rule E. 4 every reasonable facility for the inspection of her methods of practice, her personal register of cases and other records, her appliances and such part of her residence as is used for professional purposes. When the authority deem it necessary for preventing the spread of infection she must allow herself to be medically examined.

CALLING IN MEDICAL AID

13. A practising midwife must call in a registered medical practitioner in all cases of illness of the patient or infant or in the case of any abnormality becoming apparent in the patient or infant during pregnancy, labour or the lying-in period. She must also send or hand to the registered medical practitioner the form prescribed in Form (b) of the Schedule properly filled in and signed by her. The conditions referred to in this Rule shall be deemed to be emergencies for the purpose of Section 14 of the Act.

14. Whenever medical aid has been called in for the patient or infant whether by the midwife or by the patient or by the patient's friend or relative, the midwife must notify the local supervising authority of the area in which the patient is residing for the time being by sending to them forthwith a copy of the form prescribed in Form (b) of the Schedule.

15. (a) If a registered medical practitioner has been called in and attends on account of an emergency as defined in Rule E. 13 the midwife must obtain her instructions direct from such practitioner and must carry out the instructions she receives. If the midwife receives oral in-

structions she must keep a note of such instructions in her records.

(b) If the emergency for which medical aid has been called in threatens immediate danger to the life of the patient or infant, the midwife must remain with and do her best for the patient and infant until the crisis has passed.

16. Notwithstanding any previous compliance with Rule E. 13 a midwife must again call in a registered medical practitioner if during pregnancy, labour or the lying-in period a new emergency arises, and fill in and sign in respect of the new emergency the form prescribed in Form (b) of the Schedule, following the procedure laid down in Rule E. 13.

DISINFECTION

17. If a practising midwife has been in contact with a person, whether or not a patient, suffering from any condition which is or may reasonably be suspected to be infectious, or if she herself is liable to be a source of infection, she must without delay notify the local supervising authority or authorities of the fact, using for the purpose the form prescribed in Form (c) of the Schedule, and before going to any maternity patient she must, unless the authority relieve her of the obligation, carry out or allow to be carried out to the satisfaction of the local supervising authority such measures of disinfection as the local supervising authority may prescribe.

NOTIFICATION OF DEATHS AND STILLBIRTHS

18. If the patient or infant dies or if the infant is still-born a practising midwife who was present at the time of death or stillbirth or who was called in immediately

afterwards must, whether or not a registered medical practitioner was present at the same time, notify the local supervising authority of the death or stillbirth, using for the purpose the form prescribed in Form (d) of the Schedule.*

LAYING OUT A DEAD BODY

19. A midwife must not lay out a dead body for burial except in the case of a patient upon whom she has been in attendance at the time of death in the capacity of a midwife or nurse.

PART III. RULES RELATING TO MIDWIVES PRACTISING IN AN INSTITUTION (INCLUDING A NURSING HOME) WHICH DOES NOT HAVE A RESIDENT MEDICAL OFFICER

20. This part of Section E of the Rules relates to midwives practising in an institution, including a nursing home, which does not have a resident medical officer.

* NOTE.—

- (i) *The duty of the midwife in relation to the local supervising authority in accordance with this Rule is additional to the duty of the midwife in relation to various authorities under the Births and Deaths Registration Acts, the Public Health Act, 1936, and the Public Health (London) Act, 1936.*
- (ii) *An infant is stillborn when it has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any other signs of life.*
- (iii) *See Notice No. 10 at the end of this Section of the Rules.*

INSTRUCTIONS OF MEDICAL PRACTITIONER RESPONSIBLE FOR THE CASE

21. If a midwife is acting in a case in which a registered medical practitioner is also engaged, she must carry out such instructions concerning the care of the patient and the infant as may be given to her by the practitioner, subject to compliance with the Rules of the Board.

RECORDS OF PREGNANCY, LABOUR AND LYING-IN PERIOD

22. A practising midwife must keep notes of her observations and treatment of her patient during pregnancy, labour and the lying-in period, and of the infant, using for such purpose the form approved by the Board from time to time.

Provided that this rule shall not apply to a midwife in a hospital, nursing home or similar institution where a register or record is kept which incorporates the requirements prescribed in the approved form.

REGISTER OF CASES

23. A practising midwife must enter in a personal register of cases, kept in a form approved by the Board, particulars of every case which is attended by her. Provided that this rule shall not apply to a midwife in a hospital, nursing home or similar institution where a register is kept which incorporates the requirements prescribed in the approved form.

PRESERVATION OF RECORDS

24. A midwife must not destroy, or arrange for the destruction of, official records made whilst she is in professional attendance on a case and required to be kept by these Rules. If she finds it impossible or inconvenient to

preserve them she must transfer them to the local supervising authority or the institution for which she works.

FACILITIES FOR INSPECTION

25. A practising midwife must give to the medical officer of health of the local supervising authority or any registered medical practitioner on the staff of such authority or any supervisor of midwives of the local supervising authority to which such midwife is required to send a notice in accordance with Rule E. 4 every reasonable facility for the inspection of her methods of practice, her appliances and records required to be kept by these Rules. When the authority deem it necessary for preventing the spread of infection she must allow herself to be medically examined.

CALLING IN MEDICAL AID

26. A practising midwife must call in a registered medical practitioner in all cases of illness of the patient or infant, or in the case of any abnormality becoming apparent in the patient or infant during pregnancy, labour or the lying-in period. She must also send or hand to the registered medical practitioner the form prescribed in Form (b) of the Schedule properly filled in and signed by her. The conditions referred to in this Rule shall be deemed to be emergencies for the purpose of Section 14 of the Act.

27. Whenever medical aid has been called in for the patient or infant, whether by the midwife or by the patient or by the patient's friend or relative, the midwife must notify the local supervising authority of the area in which the institution is situated by sending to them forthwith a copy of the form prescribed in Form (b) of the Schedule.

28. (a) If a registered medical practitioner has been called in and attends on account of an emergency as defined in Rule E. 26 the midwife must obtain her instructions direct

from such practitioner and must carry out the instructions she receives. If the midwife receives oral instructions, she must keep a note of such instructions in her records.

(b) If the emergency on account of which medical aid has been called in is a condition which threatens immediate danger to the life of the patient or infant, the midwife must remain with and do her best for the patient and infant until the crisis has passed.

29. Notwithstanding any previous compliance with Rule E. 26 a midwife must again call in a registered medical practitioner if during pregnancy, labour or the lying-in period a new emergency arises and fill in and sign in respect of the new emergency the form prescribed in Form (b) of the Schedule, following the procedure laid down in Rule E. 26.

DISINFECTION

30. If a practising midwife has been in contact with a person, whether or not a patient, suffering from any condition that is or may reasonably be suspected to be infectious, or if she herself is liable to be a source of infection, she must without delay notify the local supervising authority or authorities of the fact, using for the purpose the form prescribed in Form (c) of the Schedule, and before going to any patient she must, unless the authority relieve her of the obligation, carry out or allow to be carried out to the satisfaction of the local supervising authority such measures of disinfection as the local supervising authority may prescribe.

NOTIFICATION OF DEATHS AND STILLBIRTHS

31. If the patient or infant dies, or if the infant is stillborn, a practising midwife who was in attendance at the time of death or stillbirth or who was called in immediately afterwards must, whether or not a registered medical practitioner

was present at the same time, notify the local supervising authority of the death or stillbirth using for the purpose the form prescribed in Form (d) of the Schedule.*

LAYING OUT A DEAD BODY

32. A midwife must not lay out a dead body for burial except in the case of a patient upon whom she has been in attendance at the time of death in the capacity of a midwife or nurse.

* NOTE.—

- (i) *The duty of the midwife in relation to the local supervising authority in accordance with this Rule is additional to the duty of the midwife in relation to various authorities under the Births and Deaths Registration Acts, the Public Health Act, 1936, and the Public Health (London) Act, 1936.*
- (ii) *An infant is stillborn when it has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled breathed or shown any other signs of life.*
- (iii) *See Notice No. 10 at the end of this Section of the Rules.*

SCHEDULE TO SECTION E

PRESCRIBED FORMS

For the purpose of the preceding rules the use of the following forms shall be compulsory:—

Form (a): Notice of Intention to Practise. (See Rule E. 4.)
To the Local Supervising Authority of.....

PART I

I,.....

(Full names in capitals.)

present address.....

permanent address (if different from above).....

holding a Certificate of the Central Midwives Board,
No. Dated 19

hereby give you notice of my **intention to practise**
as a midwife within your area during the year 19.....

PART II

(i) I last notified my intention to practise as a midwife on
..... 19 to the Local
Supervising Authority of.....

(ii) I attended a post-certificate course of instruction in
accordance with the Rules in Section G of the Rules
of the Central Midwives Board at :

.....
from 19 to 19

(iii) *(a) I am in private practice.
*(b) I practise from a Nursing and Midwifery Employment Agency.
*(c) I am employed by**

Dated this day of 19

Signed State Certified Midwife.

PART III

(Form of notice to be given within 48 hours of HAVING PRACTISED inside the area of any Local Supervising Authority not already notified as above.)

(i) I, No.....
(Full names in capitals.)

residing at and
pursuing my calling at

having acted as a midwife at
within your area on the day of
19 hereby give notice of my intention to practise.

(ii) *(a) I am in private practice.

*(b) I practise from a Nursing and Midwifery Employment Agency.

*(c) I am employed by**

Dated this day of 19

Signed State Certified Midwife.

* Delete as appropriate.

** Here state the hospital, nursing home, Local Authority, District Nursing Association, Nursing and Midwifery Employment Agency, as the case may be.

*Form (b): Form for sending for Medical Aid. (See Rules
E. 13, 14, 15, 16, 26, 27, 28 and 29.)*

No. Date.....

This notice is in respect of*

Address

Medical Aid is sought by**

on account of.....

Date of confinement.....

*** The case is urgent.

Sent or handed to (name of doctor or institution).....

.....
at (address)

Time of sending message { By telephone

By messenger

Signed..... State Certified Midwife

Address

**NOTE.—Information as to stage of
labour and other particulars should be
given.**

* Here fill in name of patient.

** Here insert "me," "patient," "patient's relative/
friend" as the case may be.

*** If the case is not urgent, cross this out.

Form (c): Form for Notification of Liability to be a source of infection. (See Rules E. 17 and 30.)

To the Local Supervising Authority of.....

I, the undersigned, being a midwife holding the Certificate

No. of the Central Midwives Board, hereby

notify that on the day of 19.....

I was *in attendance upon or *in contact with

Name

Address

a person suffering from a condition which is, or is suspected
to be infectious, viz.,
.....

or I *am suffering from, or *have recently suffered from
.....

Signed State Certified Midwife.

Address

Date

* Strike out the words not applicable.

*Form (d): Form for Notification of Death or Stillbirth,
(See Rules E. 18 and 31.)*

To the Local Supervising Authority of.....

I, the undersigned, being a midwife holding the Certificate No. of the Central Midwives Board hereby notify that on the day of

19..... at $\frac{\text{*A.M.}}{\text{*P.M.}}$ the following death occurred in my practice

*before the arrival of the registered medical practitioner.
*after

Name of deceased..... Age.....

Address

or

Name

Address

was delivered $\frac{\text{*by me}}{\text{*before my arrival}}$ of a stillborn infant.

Signed..... State Certified Midwife

Address

Date

NOTE.—This form must not be used for burial purposes. The midwife can obtain a form of Certificate of Stillbirth from the Registrar of Births and Deaths.

* Strike out the words not applicable.

NOTICES CONCERNING A MIDWIFE'S CODE OF PRACTICE

THE NOTICES WHICH FOLLOW ARE NOT RULES AND ARE NOT INCLUDED IN A STATUTORY INSTRUMENT: BUT A MIDWIFE IS ADVISED THAT FAILURE TO MAINTAIN THE STANDARD OF PRACTICE IN HER PROFESSIONAL WORK WHICH THE NOTICES INDICATE MAY RENDER HER LIABLE TO A CHARGE OF NEGLIGENCE OR MISCONDUCT AND TO THE REMOVAL OF HER NAME FROM THE ROLL

No. 1.—MIDWIFE/DOCTOR RELATIONSHIP

The Midwives Act, 1951, gives statutory recognition to the position of the midwife as a professional practitioner in her own right. The Central Midwives Board are required by the same Act to make Rules regulating, supervising and restricting within due limits the practice of midwives.

The conditions vary widely in which midwives practise, whether the confinement takes place in the home, in hospital or elsewhere. In the great majority of cases a registered medical practitioner is concerned to some degree, but the Board find it impracticable in widely varying circumstances to define the professional relationship of practising midwives with registered medical practitioners. They consider it desirable, however, to indicate certain principles which midwives should follow in their professional relationships with doctors.

- (i) In a case when a medical practitioner is exercising personal supervision and direction and is personally present the midwife should carry out the instructions of the doctor.
- (ii) In a case when a medical practitioner is concerned, but is not personally present, the Board expect that the midwife will carry out the wishes of the doctor unless they conflict with the Rules of the Board or are outside

her sphere of practice. In such circumstances she must exercise her professional skill and judgment in accordance with the Rules of the Board.

- (iii) The Midwives Act provides for a system of local supervision of practising midwives in accordance with the Board's Rules. In the Board's view this system should provide the midwife with the appropriate professional support which she may require in the general conduct of her practice.
- (iv) The Board consider the responsibilities of the doctor and the midwife are so inter-related and complementary that the necessary degree of co-operation can only be ensured by a mutual recognition of their respective professional positions.

NO. 2.—DRUGS WHICH MAY BE CARRIED AND USED BY MIDWIVES

Note.—This list of drugs is not intended to be complete.

Subject always to any instructions about any particular drug or preparation that may be given to her by the local supervising authority or the institution or organisation by whom she is employed, the drugs and preparations in the list below should ordinarily be carried by a midwife.

1. Antiseptics.
2. An aperient.
3. Cardiac and respiratory stimulants.
4. A preparation of ergot for intramuscular injection.
5. Sedatives and analgesics.

A midwife should also carry a hypodermic syringe. She must observe the requirements of the Dangerous Drugs Regulations.

NO. 3.—PREVENTION OF INFECTION

- (i) A midwife must observe surgical cleanliness in all her professional work and must recognise the possible dangers of cracks, abrasions and infections of the skin

of her hands. A midwife should also use sterilised rubber gloves during the delivery and when making vaginal examinations.

(ii) A midwife should use an efficient mask in a proper manner. A mask must be worn on all occasions when the vulva is exposed during labour and the first week of the puerperium and whenever sterilised instruments and dressings are exposed to use. A mask must also be worn when attending to premature infants. When dealing with normal infants a midwife must inquire from the local supervising authority or from the senior midwife of the institution or authority by whom she is employed as to the use of masks.

No. 4.—DUTIES OF A MIDWIFE DURING THE ANTENATAL PERIOD

Note.—This statement is not intended to be a complete list of the duties of a midwife during the pregnancy of a patient.

When engaged to attend a confinement a midwife must (among other duties) :—

- (i) as soon as practicable interview the patient and take her history;
- (ii) ascertain who is the patient's family doctor and whether he or any other doctor is to provide maternity medical services;
- (iii) if the confinement is to be a domiciliary one, visit, by arrangement with the patient, the house in which it is proposed the confinement shall take place. Where the midwife considers the accommodation or facilities are unsuitable she should notify the medical officer of health of the local supervising authority;
- (iv) carry out such examinations of the patient as are necessary, or see that they are carried out, and take steps to ensure that examinations of the patient's blood are made and the results recorded;

- (v) give any necessary advice as to diet, work, exercise, care of the breasts and other personal arrangements during pregnancy and preparation for the confinement; and give any necessary advice on parentcraft.
- (vi) advise the patient to submit herself for a medical examination early in pregnancy, at about the 36th week of pregnancy, and at other times as necessary.

In interpreting the words "illness" and "abnormality" used in the rules regarding the calling in of medical aid, a midwife must regard these words as including past illnesses and abnormalities which may become known to the midwife from the previous medical and obstetric history and which may influence the present pregnancy or labour. Any information obtained by a midwife which gives rise to a suspicion of some illness or abnormality being present must be made available to the medical practitioner who sees the patient.

No. 5.—DUTIES DURING LABOUR

As provided for in Section E of the Rules, a registered medical practitioner must be summoned by a midwife in any case of illness of the patient or of an abnormality occurring during labour. In domiciliary practice when in charge of a patient in labour, a practising midwife must not leave her without giving an address by which she can be found without delay. After the beginning of the second stage she must stay with the patient until the expulsion of the placenta and membranes and as long after as may be necessary.

No. 6.—DUTIES DURING THE LYING-IN PERIOD

Note.—This statement is not intended to be a complete list of the duties of a midwife during the lying-in period.

The midwife shall be responsible for the welfare of the mother and infant during the lying-in period. In domiciliary practice it is expected that the midwife will normally pay morning and evening visits for the first few days after delivery, but if a rise of temperature (or any other condition

requiring close supervision) be found at the morning visit, an evening visit must be paid unless the midwife is relieved from the obligation by the appropriate authority. The midwife must take the pulse rate and temperature of the patient at each visit and must enter her records accurately with dates and times, in the form of pulse and temperature chart approved by the Board, such form being carefully preserved.

If the patient has a continuously rapid or rising pulse rate or if she has a rise of temperature above 99.4° F. on three successive days, or a rise of temperature to 100.4° F., a registered medical practitioner must be summoned. The assistance of a registered medical practitioner must be sought in accordance with the provisions of the Rules in all cases of illness of the mother or infant, or of any abnormalities occurring during the lying-in period.

A midwife must endeavour to promote breast feeding unless there is medical advice to the contrary.

No. 7.—DUTIES TO THE INFANT

Note.—This statement is not intended to be a complete list of the duties of a midwife to the infant.

It is the duty of every midwife to inquire from the local supervising authority or from the senior midwife of the institution or organization by whom she is employed, as to the routine she must follow in the care of the eyes of the newborn infant in order to prevent ophthalmia neonatorum.

A midwife must call in medical aid without delay if there is any discharge, however slight, from the eyes of an infant.

A midwife must call in medical aid without delay if a watery blister, a pustule, or a rash appears on the body of the infant.

A midwife must bear in mind the possibility of danger to the infant through cold, and should take steps to see that means are available for keeping the bedroom warm by day and by night.

NO. 8.—DUTY TO REGARD INFORMATION AS CONFIDENTIAL

Any information derived from professional attendance on a patient must be treated as confidential and must not be divulged to any person except to a person who should receive the information in order to discharge responsibilities to the patient concerned.

NO. 9.—CALLING IN OF MEDICAL AID

Special attention is drawn to the importance of the strictest observance of the provisions of the Rules relating to the calling in of medical aid, and the attention of midwives is called to the arrangements for maternity medical services in the National Health Service, particularly to the published list of medical practitioners having obstetric experience.

In any circumstances in which the midwife is required to summon medical aid under the Rules of the Board during pregnancy, labour and the first fourteen days of the lying-in period—

(a) if a medical practitioner has accepted responsibility for the maternity medical service of the patient or has attended her antenatally and indicated willingness to accept responsibility at the confinement if required, he should be called in;

(b) if such a medical practitioner or his deputy is not available or if the patient has no doctor who has accepted responsibility for her under the preceding paragraph, the midwife should call in some other medical practitioner having obstetric experience whose name is included in the above-mentioned list, but if no such medical practitioner is available the midwife should call in any other registered medical practitioner whose services can be secured.

In any circumstances in which the midwife is required to summon medical aid under the Rules of the Board after the 14th day, but before the 28th day of the lying-in period, the medical practitioner providing general medical care or,

if he is not available, any other registered medical practitioner should be called in.

No. 10.—DUTIES IMPOSED ON MIDWIVES BY STATUTE

The attention of midwives is called to some of the more important duties imposed on them by statute:—

1. A midwife must not arrange for an uncertified person to act as her substitute.

2. A midwife must, before practising as such, give notice to the local supervising authority of her intention to practise, and must give a like notice in the month of January of every year during which she continues to practise in accordance with Section 15 of the Midwives Act, 1951. Such notice must be given to the authority of the area in which the midwife usually resides or carries on her practice. If she practises or acts as a midwife in any other area she must also give like notice to the authority of that area within forty-eight hours after commencing so to practise or act as a midwife.

3. Under Section 16 of the Midwives Act, 1951, a midwife who has given notice of her intention to practise and who subsequently changes her address must, within seven days after such change, give notice of the change to every local supervising authority to which she has previously given notice of her intention to practise, and, if she omits to do so she will on summary conviction be liable to a fine not exceeding two pounds.

4. Under the Births and Deaths Registration Acts, the Public Health Act, 1936, and the Public Health (London) Act, 1936, a midwife must in certain cases notify the Registrar of Births and Deaths and the medical officer of health. The following is a summary of her duties under these Acts:—

It is the duty primarily of the father or mother to give to the Registrar of Births within forty-two days after the

birth information of the birth, whether the infant is born alive or stillborn. In default of the father or mother this duty falls upon every person present at the birth, including the midwife, if present at the birth.

It is also the duty of the father and any person in attendance on the mother at the birth or within six hours after the birth, whether the infant is born alive or stillborn, to notify the medical officer of health of the local health authority of the birth within thirty-six hours. A midwife can obtain free of charge by application to the local health authority stamped postcards containing the proper form of notice.

When a registered medical practitioner is present at a stillbirth or examines the body, it is his statutory duty to give to the qualified informant (usually the father or mother) a certificate of stillbirth. Otherwise the midwife should give the certificate if she was present at the stillbirth or examined the body. Whenever possible the midwife should state on this certificate the cause of death and the estimated duration of the pregnancy to the best of her knowledge and belief. If a registered medical practitioner has been booked he should be informed.

A stillborn infant may not be buried in a burial ground until a certificate for disposal has been obtained from the Registrar of Births and Deaths or an Order for Burial has been obtained from the Coroner and delivered to the person having control over the burial ground. In certain circumstances a certificate (which will serve the same purpose) can be obtained from the Registrar that he has received notice of the stillbirth.

In the case of death it is primarily the duty of the relatives to notify the Registrar, but in default of the relatives the duty falls upon any person present at the death.

For the purposes of the registration of births and deaths:—

- (a) An infant born at any stage of pregnancy who breathes or shows other signs of life after complete expulsion

from its mother is born alive. If such an infant dies after birth, both the birth and the death will require to be registered;

- (b) An infant who has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any sign of life is a stillborn infant;
- (c) The birth before the twenty-eighth week of pregnancy of an infant who did not breathe or show signs of life after complete expulsion from its mother is neither a live birth nor a stillbirth and need not be registered.

SECTION F

RULES DECIDING THE CONDITIONS UNDER WHICH MIDWIVES MAY BE SUSPENDED FROM PRACTICE

1. In carrying out the provisions of Section 17 of the Act, it shall be the duty of the local supervising authority to suspend a midwife from practice when necessary for the purpose of preventing the spread of infection, whether she has contravened any of the rules laid down by the Board or not. The decision to suspend a midwife must be communicated, in writing, by the local supervising authority to the midwife concerned.
2. The period of suspension under the foregoing Rule shall not be longer than is required by the midwife for the purpose of carrying out or allowing to be carried out, to the satisfaction of the local supervising authority, such measures of disinfection or necessary treatment as the local supervising authority have prescribed.

When the midwife has carried out the prescribed measures of disinfection and otherwise complied with the instructions communicated to her in writing by the local supervising authority, she may resume practice without awaiting authorization from the local supervising authority unless the authority have otherwise directed.

3. The Board may—

- (a) suspend from practice for such period as they think fit in lieu of removing her name from the Roll any midwife who, after investigation by the Board in the manner prescribed by the Rules of Section D of the Rules of the Board, has been found guilty of disobeying the Rules of the Board, or of other misconduct;
- (b) suspend from practice until the case has been decided by the Board, and, in the case of an appeal, until the

appeal has been decided by the High Court, any midwife whose conduct is under investigation by the Board on a charge of disobeying the Rules or of other misconduct.

4. The local supervising authority may suspend from practice until the case has been decided—

- (a) a midwife against whom they have taken proceedings before a Court of Justice;
- (b) a midwife against whom they have reported a case for consideration by the Board.

The local supervising authority shall in each case communicate their decision in writing to the midwife concerned, and forthwith report the suspension (with the grounds thereof) to the Board.

NOTE.—It is not intended that suspensions authorized by Rule F. 4 (a) and (b) shall be used for punitive purposes.

SECTION G

RULES REQUIRING MIDWIVES TO ATTEND FROM TIME TO TIME A COURSE OF INSTRUCTION APPROVED BY THE BOARD

1. Every midwife, except those referred to in Rules G. 2 and 3, who at any time after 31st December, 1957, gives notice of intention to practise, shall, within 12 months of giving such notice, attend a course of instruction approved by the Board for the purposes of this Rule unless she has within the 5 years immediately preceding the date of giving such notice attended such a course or passed the examination or examinations for the time being prescribed by the Board for admission to the Roll.
2. Every midwife who in any year gives notice of her intention to practise and who has not practised as a midwife at any time during the preceding 10 years shall within 3 months of giving such notice attend a course of instruction approved by the Board for the purposes of this Rule and shall not practise as a midwife without the consent of the local supervising authority until she has attended such a course.
3. Every midwife employed by a local supervising authority as a supervisor or assistant supervisor of midwives shall, within 5 years from the commencement of such employment, or, if she was so employed on the date from which these Rules come into operation, within 5 years from that date, attend a course of instruction approved by the Board for the purposes of this Rule and shall thereafter, so long as she continues to be so employed, attend a similar course at intervals of not more than 5 years.

4. In February of each year every local supervising authority shall report to the Board the names of the midwives working in their area who have attended during the preceding year ending 31st January, a course of instruction in accordance with the provisions of the Rules of Section G.

5. In any case where they think fit, having regard to the qualifications and experience of the midwife, the Board may exempt a midwife from taking a refresher course under the requirements of Rules G. 1 to 3.

SECTION H

RULES DEFINING THE CONDITIONS UNDER WHICH THE APPROVED UNIFORM AND BADGE MAY BE WORN

1. The uniform and badge of a certified midwife shall be in accordance with the specification contained in the Schedule to this Section.
2. The metal badge shall be worn in brooch form or hung on a dark blue cord round the neck.
3. Outer garments which are not included in the Schedule may not be worn with any part of the uniform. The embroidered badge may be worn only with the uniform.
4. The embroidered badge shall be worn on hat, peaked cap or beret, and shall not be worn with the working dress.
5. The uniform and badge may not be acquired without the permission of the Board, who may refuse permission in any case if they think fit.
6. A uniform or badge shall be obtained only from a supplier authorized by the Board, and only on production to the supplier of a permit issued by the Secretary.
7. A permit issued by the Secretary for the acquisition of the uniform or badge shall remain the property of the Board, and shall be returned on demand.

SCHEDULE TO SECTION H
DESCRIPTION OF THE UNIFORM FOR STATE
CERTIFIED MIDWIVES

A.

General:

The basic colours of the uniform shall be grey and Stewart blue (BCC. No. 149).

The items of the uniform shall be as follows:—

Fur felt hat; beret; peaked cap; storm cap; indoor cap.

Overcoat (lightweight or heavyweight); raincoat; cloak.

Costume, worn with blouse or shirt; working dress; lightweight unlined jacket; scarf.

Shoes worn with the uniform shall be black; stockings shall be grey.

All buttons on overcoat, costume jacket and lightweight unlined jacket shall be embossed with the S.C.M. monogram.

B.

Particulars of items of uniform:

Hat

Style: With brim.

Material: Grey fur felt or velour trimmed with blue facing cloth.

Beret

Style: With head-band.

Material: Grey fur felt, with blue band.

Peaked cap

Style: Service pattern; whole top; blue strap.

Material: Grey worsted.

Storm cap

Material: Grey worsted with blue band.

Indoor cap

Style: Optional.

Material: Organdie or lawn.

Heavyweight overcoat

Style: Double-breasted, button two, 40 line. Raglan sleeves, one-button cuff 30 line. Two-way collar edges $\frac{3}{4}$ inch blue.

Material: Heavyweight grey wool coating.

Lightweight overcoat

Style: Single-breasted, panel back and front, or loose fitting (belt optional). Three-button, 40 line. Collar edged $\frac{1}{2}$ inch blue. Two-button cuff 22 line. Two pockets, slanted, jetted and flaps, or vertical, welted.

Material : Grey worsted.

Raincoat

Style: Double-breasted. Three-way collar. Belted. Buttons bone or horn to tone or metal with S.C.M. monogram.

Material: Grey wool gaberdine.

*Costume**Style: Jacket*

Single-breasted classic, three-button 30 line. Fitted or straight. Collar edged $\frac{1}{2}$ inch blue. Two-button cuff 22 line. Two pockets.

Skirt

Box pleat back and front, or with knife pleat or inverted pleat at centre back.

Material: Lightweight grey worsted.

Lightweight unlined jacket

Style: Single-breasted, three-button 30 line. Panel back and front or loose fitting. Collar edged $\frac{1}{2}$ inch blue. Two-button cuff 22 line. Three patch pockets. Embroidered badge optional.

Material: Lightweight grey worsted.

Cloak

Material: Winter-weight coating, grey with blue lining.

Blouse or shirt

Grey or white.

Tie (optional)

Stewart blue.

Scarf (optional)

Stewart blue or grey, or blue and grey striped.

Working dress

Style: Bodice and skirt. Buttoned through. Bodice—plain with small roll collar of self material. Three buttons. Two saddle pockets. Short sleeves with turn back cuffs of self material. Skirt—gored, concealed fastening, two shaped patch pockets.

Material: Stewart blue cotton or a blended fabric of synthetic and/or natural fibres having satisfactory antistatic and washing properties. White detachable over collar (optional).

Administrative dress

The approved dress for Matrons and administrative staff, including midwifery tutors, shall be grey, of style and material of their own choice.

C.

Particulars of badge

Device: The figure of Juno Lucina holding a new-born child in the right hand and a staff in the left, and encircled by the initials S.C.M. on a blue background.

The badge shall be of metal or embroidered on fabric.



